

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083428

1. Entity Name

M. K. BLACK & ASSOCIATES, INC.

Principal Place of Business

1965 HIBISCUS ST
SARASOTA FL 34239
US

Mailing Address

1965 HIBISCUS ST
SARASOTA FL 34239-3837
US

2. Principal Place of Business

10263 Sandy Blvd #414
Suite, Apt. #, etc.

3. Mailing Address

2999 South Tamiami Tr
Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Sarasota FL

Zip

33702

Country

Russia

Zip

34239

Country

Sarasota

4. FEI Number

59-3404778

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, M K
1965 HIBISCUS ST
SARASOTA FL 34239

Name

Street Address (P.O. Box Number is Not Acceptable)

10263 Sandy Blvd #414

City

St Petersburg

FL

Zip Code

33702

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

M. Kimberly Black
Signature, typed or printed name of registered agent and title if applicable.

M. KIMBERLY BLACK
(NOTE: Registered Agent signature required when reinstating)

3/18/2000
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, M KYMBERLY 1965 HIBISCUS ST SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10263 Sandy Blvd #414 St Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2000

Date

727-415-7337
800-906-2118

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90078 044 ***150.00



DO NOT WRITE IN THIS SPACE